

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$106.00 for date of service, 11/28/01.
- b. The request was received on 06/11/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFA(s)
 - c. Letter to the Compliance and Practice Division of TWCC dated 05/16/02
 - d. Based on Commission Rule 133.307 (g), the Division notified the Requestor of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 07/11/02. There is no response from the Requestor in the file. A "No Provider 14 Day Response Found" from the Requestor is reflected in Exhibit I.
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

2. Respondent, Exhibit II:

Based on Commission Rule 133.307 (g) (4), the Division notified the Requestor with a copy to the insurance carrier Austin Representative of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 07/11/02. There is no Carrier initial or 14 day response to this medical fee dispute in the file.

III. PARTIES' POSITIONS

1. Requestor: No position statement.
2. Respondent: No response statement.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 11/28/01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
11/28/01	99204	\$106.00	\$0.00	No EOB	\$106.00	TWCC Rule 133.307 (g); MFG MGR (I) (7); CPT Descriptor	The Requestor did not respond to TWCC's request for additional information sent 07/11/02; therefore, there is no medical documentation in the file to support that services were rendered as billed. No reimbursement is recommended.
Totals		\$106.00	\$0.00				The Requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 12th day of November 2002.

Denise Terry
 Medical Dispute Resolution Officer
 Medical Review Division

DT/dt